

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-17-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes: 97032, 97139AC and 99213.

### II. FINDINGS & RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-23-02	97032 (3)	\$66.00	\$0.00	No EOB	\$22.00/15 min	CPT Code Descriptor	Carrier paid for service; therefore, a dispute no longer exists.
	97139AC	\$96.00			DOP		
	99213	\$48.00			\$48.00		

The above Findings and Dismissal are hereby issued this 29<sup>th</sup> day of December 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division